

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/27/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTRIDGE HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 W MARGARET AVE TERRE HAUTE, IN 47802</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/27/12</p> <p>Facility Number: 000139 Provider Number: 155234 AIM Number: 100266410</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Westridge Health Care Center was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms were equipped with battery powered smoke detectors. The facility has a capacity of 66 and had a census of 51 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered.</p> <p>All areas providing facility services were sprinklered, except the detached laundry and maintenance storage areas.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/04/12.</p>	K 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1